

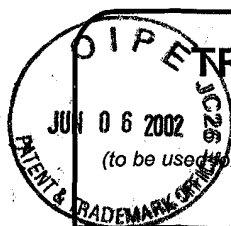
Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PIPE TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/747,371
		Filing Date	December 21, 2000
		First Named Inventor	Gish
		Group Art Unit	1641
		Examiner Name	Diana B. Johannesen
Total Number of Pages in This Submission		Attorney Docket Number	018501-005000US

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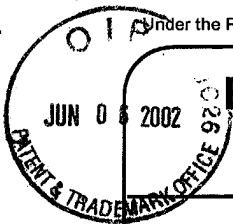
JUN 13 2002

TECH CENTER 1600/2900

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	Townsend and Townsend and Crew LLP Kevin Bastian Reg. No. 34,774
Signature	
Date	May 23, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: May 23, 2002	
Typed or printed name	Joy M. Marshall
Signature	
Date	May 23, 2002



FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 109

Complete if Known

Application Number 09/747,371
Filing Date December 21, 2000
First Named Inventor Gish
Examiner Name Karen Canella
Group Art Unit 1641
Attorney Docket No. 018501-005000US

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ MoneyOrder ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number **20-1430**

Deposit Account Name **Townsend and Townsend and Crew LLP**

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		101	740	Utility filing fee	
		106	330	Design filing fee	
		107	510	Plant filing fee	
		108	740	Reissue filing fee	
		114	160	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims **37** -31** = **6** X **\$9** = **\$54**

Independent Claims **17** -17** = **0** X **\$42** = **\$0**

Multiple Dependent X =

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		103	18	Claims in excess of 20	
		102	84	Independent claims in excess of 3	
		104	280	Multiple dependent claim, if not paid	
		109	84	** Reissue independent claims over original patent	
		110	18	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)54

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

FEE CALCULATION (continued)

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		105	130	Surcharge - late filing fee or oath	
		127	50	Surcharge - late provisional filing fee or cover sheet.	
		139	130	Non-English specification	
		147	2,520	For filing a request for reexamination	
		112	920*	Requesting publication of SIR prior to Examiner action	
		113	1,840*	Requesting publication of SIR after Examiner action	
		115	110	Extension for reply within first month	55
		116	400	Extension for reply within second month	
		117	920	Extension for reply within third month	
		118	1,440	Extension for reply within fourth month	
		128	1,960	Extension for reply within fifth month	
		119	320	Notice of Appeal	
		120	320	Filing a brief in support of an appeal	
		121	280	Request for oral hearing	
		138	1,510	Petition to institute a public use proceeding	
		140	110	Petition to revive - unavoidable	
		141	1,280	Petition to revive - unintentional	
		142	1,280	Utility issue fee (or reissue)	
		143	460	Design issue fee	
		144	620	Plant issue fee	
		122	130	Petitions to the Commissioner	
		123	50	Petitions related to provisional applications	
		126	180	Submission of Information Disclosure Stmt	
		581	40	Recording each patent assignment per property (times number of properties)	
		146	740	Filing a submission after final rejection (37 CFR § 1.129(a))	
		149	740	For each additional invention to be examined (37 CFR § 1.129(b))	
		179	740	Request for Continued Examination (RCE)	
		169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$)55

SUBMITTED BY

Name (Print/Type) **Kevin Bastian** Registration No. (Attorney/Agent) **34,774** Telephone **415-576-0200**

Signature **[Signature]** Date **May 23, 2002**

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